

## REZONE / RECLASSIFICATION APPLICATION

| FOR | DEP. | ARTM | IENT | USE | ONLY |  |
|-----|------|------|------|-----|------|--|
|     |      |      |      |     |      |  |

DEPARTMENT OF DEVELOPMENT SERVICES 10601 Magnolia Avenue, Santee, CA 92071 (619) 258-4100, Ext 167

This application is a request for approval of a land use permit. Do not begin construction pursuant to this application until you have received written approval of your request from the City and have obtained any required building permits.

| Site Address:   |  |  |  |  |  |
|---|--|--|--|--|--|
| Assessor's Parcel Number(s):                                  |  |  |  |  |  |
| Existing Land Use:  |  |  |  |  |  |
| Current Zone Classification:                                  |  |  |  |  |  |
| Requested Zone Classification:                                |  |  |  |  |  |
| Describe the reason for the request and the proposed project: |  |  |  |  |  |
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| Applicant:  | Property Owner  |  |  |  |  |
|---|---|--|--|--|--|
| Address:  | Address   |  |  |  |  |
|   |   |  |  |  |  |
| Phone:  | Phone   |  |  |  |  |
| Email:  | Email:  |  |  |  |  |
| Signature:  | Signature (Authorizing Applicant to Submit Application) |  |  |  |  |
| Print Name:   | Print Name  |  |  |  |  |
| Applicant's Representative  |   |  |  |  |  |
| Address:  |   |  |  |  |  |
|   |   |  |  |  |  |
| Phone:  |   |  |  |  |  |
| Email:  |   |  |  |  |  |
| Signature:  |   |  |  |  |  |
| Print Name:   |   |  |  |  |  |
| t, the undersigned, under penalty of perjury, claim the information contained within this application is, to the best of my knowledge, correct. |   |  |  |  |  |
| S   | igned:(applicant)                                       |  |  |  |  |
|   |   |  |  |  |  |
| Please Print Name:  |   |  |  |  |  |